



Name:

DOB:

MR#:

MID#:

Counseling Agreement

Informed consent to therapy- If you choose to engage in therapy with me, you will be required to sign a Services Agreement which outlines my professional services, policies, and procedures concerning compliance with the Health Insurance Portability and Accountability Act (HIPAA), and in which you will acknowledge that you have received a copy of my Notice of Privacy Policy upon your initial visit.

Fees

Payments and Co- pays are due at the time of each session in full (cash or check are preferred) and are based on your insurance coverages. Bounced or returned checks will carry a charge of \$20.00 per check. Credit cards are accepted however there is an additional fee of \$5 that applies. Insurance is billed directly if I am an in network provider and receipts are given to you for the purpose of your records. If you have insurance and I am an out-of-network provider I will provide you with a receipt in order for you to file a claim to your insurance company.

Medicaid Receipts will not be charged any fees for services Medicaid covers the cost of your treatment for the allotted session approved per year. In event additional sessions are needed a prior approval will be requested.

***** Self pay fees vary depending on service provided and will be agreed upon at the time of scheduling. Sliding scales are available to those who qualify and are based on MCS guidelines.**

Cancellations- Must be done within 24 hours in advance, or you will be charged your full fee for the session. To cancel an appointment, leave a message on my voice mail or send me an email. Emailing is acceptable only for purposes of scheduling, although I prefer a voicemail. Email is not HIPAA compliant; therefore, it is not suitable for sending any therapeutically sensitive information.

Emergencies- If you need to reach me, leave a message on my voice mail or send me an email. I check these messages frequently throughout the course of the day, unless I am on vacation. Please note in your message if it is urgent that I return your call promptly. If you feel you are unsafe or cannot wait for your call to be returned, call 911 or go to your nearest emergency room. **Please be aware that I do not offer 24-hour emergency care. If you need emergency care in the evenings, on weekends, or when I am out for vacation, you will need to call 911 or go to your nearest emergency room. In event I am on Vacation you will be given notice in advance including dates that I will be away.**

Client or Representative:

I have read the above policy and agree to comply with the terms and conditions above:

Client

Date

Legal representative

Date

Clinician
